Utah Retirement Systems
PO Box 1590
Salt Lake City, Utah 84110-1590
(801) 366-7318
(800) 753-7318
FAX (801) 366-7759

CHANGE FORM
for Nonretired Members

INSTRUCTIONS:
1. **Please type or print clearly in black ink.**
2. For name, address and marital status changes complete Section A, sign and date Section D.
3. For beneficiary changes read the reverse side of this form, complete Sections B and/or C, sign and date Section D.
4. If you designate different beneficiaries for each plan, you must complete a separate form for each plan.

MEMBER INFORMATION

Member Name (First, Middle, Last)	Daytime Phone	Birth Date (yyyy/mm/dd)	Social Security Number

SECTION A - CHANGES TO BE MADE

☐ Change Name From: ____________________ To: ____________________

☐ Change Mailing Address From: ____________________
Street or PO Box City State Zip Code

To: ____________________
Street or PO Box City State Zip Code

☐ Change Marital Status To ☐ Married - List spouse's name and birth date ____________________
Name Birth date

☐ Single ☐ Divorced ☐ Widowed

SECTION B - INDIVIDUALS - **(If designating individuals as your beneficiaries, complete this section.) To name additional primary or contingent beneficiaries, attach a new page to this document with the page signed and dated.**

This change is for:

☐ All plans in which I am participating **or** ☐ Retirement Death Benefit ☐ 401(k) Plan ☐ 401(k) Beneficiary Account ☐ Member Contributions ☐ 457 Plan ☐ 457 Beneficiary Account ☐ 401(k) or 457 Domestic Relations Account

If no box is checked, all plans in which you participate will be affected by this change.

I revoke all previous designations and designate the following individuals to receive all benefits payable upon my death.

Full Given Name of Beneficiary	Designation	Relationship	Birth date	Mailing Address
	☐ **Primary** ☐ **Contingent**			Street City State Zip
	☐ **Primary** ☐ **Contingent**			Street City State Zip
	☐ **Primary** ☐ **Contingent**			Street City State Zip
	☐ **Primary** ☐ **Contingent**			Street City State Zip
	☐ **Primary** ☐ **Contingent**			Street City State Zip

SECTION C - TRUSTS **(Complete this section only if you have established a trust through an attorney and are designating a trust as your beneficiary.)**

This change is for:

☐ All plans in which I am participating **or** ☐ Retirement Death Benefit ☐ 401(k) Plan ☐ 401(k) Beneficiary Account ☐ Member Contributions ☐ 457 Plan ☐ 457 Beneficiary Account ☐ 401(k) or 457 Domestic Relations Account

If no box is checked, all plans in which you participate will be affected by this change.

I hereby designate the following Trust as ☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name of Trust____________________ Date Established____________________

Name and address of Trustee(s)____________________

☐ Revocable Trust
☐ Irrevocable Trust (or becomes irrevocable, by its terms, upon the death of the employee)

SECTION D - SIGNATURE

Member's Signature	Date

RETIREMENT OFFICE USE ONLY

Date Entered	Entered By	Comments

Carefully read the following information on Beneficiary Designation before completing Sections B and C.

Considerations When Naming Beneficiaries

1. List *ALL* beneficiaries. Beneficiary payments are paid from the most recent beneficiary designation on file with URS.

2. Types of beneficiaries:
   A. ***Primary*** - Person to receive the death benefits upon the death of the member.
   B. ***Contingent*** - Person to receive the death benefits upon the death of the member if the primary beneficiary is deceased.

3. If you name multiple primary beneficiaries, the proceeds will be split equally, unless otherwise instructed on the form.

4. If your primary beneficiary(ies) dies before you and you have not named a contingent beneficiary, the proceeds may be subject to Title 75, Chapter 2 of the Utah Uniform Probate Code.

5. If you name a trust as beneficiary, be sure to list the name and date of the trust, the name and address of the trustee, and whether it is a revocable or irrevocable trust (or becomes irrevocable, by its terms, upon the death of the employee).

6. **401(k) and 457 Plans:** If you have named a revocable trust (a trust that does not become irrevocable, by its terms, upon the death of the employee) as primary beneficiary on your 401(k) or 457 plan, please be aware that IRS regulations require the payout of the account start within one year of the date of death and be paid out within 5 years. The account balance cannot be paid out over a life expectancy.

7. You may make changes to your beneficiary designations at any time by submitting a Change Form (MECF-1) to the Retirement Office.

8. If you are completing this form as Power of Attorney or Guardian for a member, please attach a copy of your power of attorney or guardianship papers for our review.

Special Conditions For Defined Benefit Plan

THIS BENEFICIARY CHANGE APPLIES ONLY TO THE DEFINED BENEFIT AND DEFINED CONTRIBUTION PLANS ADMINISTERED BY THE UTAH RETIREMENT SYSTEMS. *If the employer provides additional term life insurance, the member will need to file a beneficiary change with the carrier, i.e. PEHP, Educators Mutual or other carriers.*

Public Safety, Judges' and Firefighters' Retirement Systems: There may be restrictions on who may be designated as a beneficiary. If the member meets eligibility requirements, a monthly allowance will be paid to the lawful spouse upon the member's death.